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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 37262-0003
First Named Inventor BURTON, Brian

COMPLETE IF KNOWN

Application Number /
Filing Date July 19, 2001
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

UNIVERSAL MOTOR HEAD FOR ELECTRICAL SUBMERSIBLE PUMP

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 11/19/1999 as United States Application Number or PCT International

Application Number PCT/CA 99/01100 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Name Adams Cassan Maclean

Address Suite 401 - 80 Aberdeen Street

Address

City Ottawa

Ontario
State

K2H 7T8
ZIP

Country Canada

Telephone (613) 238-6404

Fax (613) 230-8755

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☒ A petition has been filed for this unsigned inventor

Given Name BRIAN
(first and middle [if any])

Family Name BURTON
or Surname

Inventor's
Signature

Brian Burton

Date Aug. 01/01

Residence: City

Ontario
State

Canada
Country

Canadian
Citizenship

30 Knight Street, P.O. Box 415

Mailing Address

Mailing Address

City Wahnapiatae

Ontario
State

POM 3C0
ZIP

Canada
Country

NAME OF SECOND INVENTOR:

☒ A petition has been filed for this unsigned inventor

Given Name STUART C.
(first and middle [if any])

Family Name WHITBREAD
or Surname

Inventor's
Signature

Tofield

Alberta
State

Canada
Country

Date

Residence: City

GB
Citizenship

Mailing Address Site 8, RR2, P.O. Box 46

Mailing Address

City Tofield

Alberta
State

T0B 4J0
ZIP

Canada
Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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	First Named Inventor	BURTON, Brian
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	
	Examiner Name	

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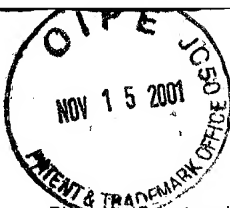
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Address <u>Suite 401 - 80 Aberdeen Street</u>			
Address			
City <u>Ottawa</u>	Ontario State	K2H 7T8 ZIP	
Country <u>Canada</u>	Telephone <u>(613) 238-6404</u>	Fax <u>(613) 230-8755</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>BRIAN</u> (first and middle [if any])		Family Name <u>BURTON</u> or Surname	
Inventor's Signature <u>CAX</u>		Date	
Residence: City	Ontario State	Canada Country	Canadian Citizenship
Mailing Address <u>30 Knight Street, P.O. Box 415</u>			
Mailing Address			
City <u>Wahnapitae</u>	Ontario State	POM 3C0 ZIP	Canada Country
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>STUART C.</u> (first and middle [if any])		Family Name <u>WHITBREAD</u> or Surname	
Inventor's Signature <u>SCW</u>		Date <u>4/11/01</u>	
Residence: City <u>Tofield</u>	Alberta State	Canada Country	GB Citizenship
Mailing Address <u>Site 8, RR2, P.O. Box 46</u>			
Mailing Address			
City <u>Tofield</u>	Alberta State	T0B 4J0 ZIP	Canada Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

July 19, 2001

BURTON, Brian

37262-0003

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Thomas Adams	31078
Lynn S. Cassan	32378
P. Scott Maclean	39543

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or
Individual Name

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State

Ontario

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(613) 238-6404

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

BURTON, Brian

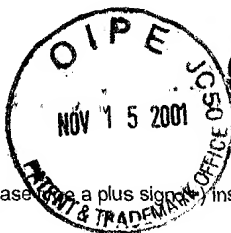
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Date

AUG 01 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.



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Group Art Unit	
Examiner Name	
Attorney Docket Number	37262-0003

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☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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P. Scott Maclean	39543

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Individual Name Adams Cassan Maclean

Address Suite 401 - 80 Aberdeen Street

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City Ottawa

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name WHITBREAD, Stuart C.

Signature

Date 4/11/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.